### **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

### **Facility Information**

Facility Name: CLA TWIN LAKES (390112)

Address: 1222 WINGED FOOT DR, TWIN LAKES, WI 53181

License Status: REGULAR

Licensed/Certified/Registered 05/10/1994

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey H	listory
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Survey ID: 0097057 End Date: 05/03/2006 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10011861 Served 06/05/2006

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	Verified	Corrected
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		
88.03(6)(b)3	DO NOT MEET THE NEEDS OF RESIDENTS		
88.05(3)(a)	HOME ENVIRONMENT		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.10(3)(a)	FAIR TREATMENT		
88.10(3)(1)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0095705 End Date: 07/26/2005 Type: OTHER Purpose: VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0092002 End Date: 02/12/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008956 Served 02/25/2004

		<u>Compliance</u>	
<b>Deficiencies Cited</b>	Subject Area	<u>Veri fied</u>	Corrected
88.03(3)(b)	CRIMINAL RECORDS CHECK	07/26/2005	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	07/26/2005	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	07/26/2005	Yes

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

**Enforcement History** 

Date: 05/31/2006 SOD #10011861 Appealed: No

**Sanctions** 

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

# **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History					
laint Received: 03/21/2006	Date Investigation Completed: 05/03/2006				
a(s)	Result	<u>SOD #</u>			
RIGHTS	SUBSTANTIATED	10011861			
laint Received: 12/28/2005	Date Investigation Completed: 05/03/2006				
a(s)	Result	<u>SOD #</u>			
RIGHTS	SUBSTANTIATED	10011861			
E ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	10011861			
laint Received: 06/03/2005	Date Investigation Completed: 07/26/2005				
$\mathbf{a}(\mathbf{s})$	Result	<u>SOD #</u>			
	NOT SUBSTANTIATED				
RATION	NOT SUBSTANTIATED				
laint Received: 01/23/2004	Date Investigation Completed: 02/06/2004				
a(s)	Result	<u>SOD #</u>			
RIGHTS	NOT SUBSTANTIATED				
laint Received: 10/23/2003	Date Investigation Completed: 02/06/2004				
$\mathbf{a}(\mathbf{s})$	Result	<u>SOD #</u>			
RIGHTS	NOT SUBSTANTIATED				
AINING AND PROFICIENCY	NOT SUBSTANTIATED				
EQUACY	NOT SUBSTANTIATED				
SERVICES	NOT SUBSTANTIATED				
laint Received: 10/23/2003  a(s) RIGHTS AINING AND PROFICIENCY EQUACY	Date Investigation Completed: 02/06/200  Result NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED				